MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS.

stated EXACTLY. PHYSICIAMS should state statement of OCCUPATION is very important.

AGE should be classified. Exact

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly

PERMANENT RECORD

UNFADING INK --- THIS IS

1	BUREAU OF VITAL STATISTICS.			33330		
	CERTIFICATE OF DEATH			~~~~		
٠	. PLACE OF DEATH	000				
Ì	County Caches Communication District	399	File No		••••	
	Township Begistration	District No. 1002	Registered No	*******************************		
	City Mans as City 170 (No. Yenera)	Nospital	St.		æd)	
Ι.	2. FULL NAME Mr Louis C 6-4	els U				
'	(a) Residence. No. 243/ Denver St.,	101	,	***************************************		
Ι.	(Usual place of abode)		nresident give city o	r town and State)		
-	ength of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of fo	reign birth?	rs. mos.	ds.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT	IFICATE OF DE	ATH .		
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY A	ND YEAR) 2007	/= 2.8- 19	19	
2	nale Shite elinale	17. DHERERY SEPTIES	That I attended de			
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		AULBUL 19	\ ///	Ceased 17023		
	(OR) WIFE OF	that I last saw a alive ga		, 19, an		
_	DATE OF BIRTH (MONTH, DAY AND YEAR) 2001- 19-1877	death occurred, on the date stated above, a	ıG.			
7. AGE YEARS MONTHS Dars If LESS then 1		THE CAUSE OF DEATH * WAS	AS FOLLOWS:			
Ι "	day,brs.	fragestra	Lune	e a L	~	
_	3/ 6 9 at	of Kees	······			
8.	OCCUPATION OF DECEASED	1/2	anis.	La		
	(a) Trade, profession, or particular kind of works House delective	17/3	(duration)		ds,	
(b) General nature of industry,		CONTRIBUTORY				
business, or establishment in which employed (or employer)		(SECONDARY)	(1-4-)			
	(c) Name of employer // T Balk	18. Where was disease contracted	. (duration)yr.	5	da,	
9.	BIRTHPLACE (CITY OR TOWN)					
	(STATE OR COUNTRY)	IF NOT AT PLACE OF DEATH!	_		••••••	
PARENTS	10. NAME OF FATHER THANK & Ells	DID AN OPERATION PRECEDE DEATH!	DATE OF		•	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST	Nula			
	(STATE OR COUNTRY)	(Sidned)		.)		
	12. MAIDEN NAME OF MOTHER Carline Gesch	1-28,199 (Address) AQ	of Caro	 س معمد	м. и	
_	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the DISEASE CAUSING DEA				
	(STATE OR COUNTRY)	.(1) MEANS AND NATURE OF INJURY, HOMICTOAL. (See reverse side for addition		COMPAL, SUICIDAL,	Or	
14.	INFORMANT MA Carline Ells	19. PLACE OF DURINE, CREMATION		DATE OF BURIA		
	(Address) 21/2/ Dean A-	0 - 51		10		

Osemation-Elmwood Cem Dec-2-1919
20. UNDERTAKER
ADDRESS
403 East 15 15. REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer - Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekespers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart fallure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide: Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nors.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, ceilulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.